### Case 17-35590-VFP Doc 63 Filed 01/21/20 Entered 01/21/20 16:29:16 Desc Main Document Page 1 of 7

Fill in this info	rmation to identify your	case:				
Debtor 1	Joseph William N	Joseph William Nittoso				
	First Name	Middle Name	Last Name			
Debtor 2	Therese Celeste	Edwards				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	NEW JERSEY				
Case number (if known)	17-35590					

Check if this is an amended filing

### Official Form 106Sum

	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	es complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	300,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	90,002.10
	1c. Copy line 63, Total of all property on Schedule A/B	\$	390,002.10
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	269,674.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	51,420.00
	Your total liabilities	\$	321,094.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,744.97
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,300.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and si	ubmit this form to
O.((			

Official Form 106Sum

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Debtor 1 Joseph William Nittoso
Debtor 2 Therese Celeste Edwards

Case number (if known) 17-35590

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

14,836.53

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cl	aim
•		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	9,140.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	9,140.00

#### Case 17-35590-VFP Doc 63 Filed 01/21/20 Entered 01/21/20 16:29:16 Desc Main Page 3 of 7 Document

Fill in this inform	nation to identify your case:		
Debtor 1	Joseph William Nittoso		
Debtor 2 (Spouse, if filing)	Therese Celeste Edwards		
United States Ba	ankruptcy Court for the: NEW JERSEY		
Case number	17-35590		Check if this is:
(If known)		•	An amended filing
			A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>orm 106l</u>		MM / DD/ YYYY
Schedule	e I: Your Income		12/15
supplying corre spouse. If you a attach a separat	ct information. If you are married and not filing with separated and your spouse is not filing with	ng jointly, and your spouse is ith you, do not include information.	1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question
Fill in your informatio	r employment n.	Debtor 1	Debtor 2 or non-filing spouse
,	more than one job, parate page with Employment status	■ Employed	■ Employed

□ Not employed

Unemployed

How long employed there? **Give Details About Monthly Income** 

Occupation

**Employer's name** 

**Employer's address** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

information about additional

Include part-time, seasonal, or

Occupation may include student

or homemaker, if it applies.

self-employed work.

employers.

For Debtor 2 or non-filing spouse 0.00 8,926.67 0.00 +\$ 0.00 0.00 8,926.67

For Debtor 1

■ Not employed

**Benefits Manager** 

**Local 825 Funds Office** 

65 Springfield Avenue

Springfield, NJ 07081

8.5 years

Schedule I: Your Income Official Form 106I page 1

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	otor 1 otor 2	Joseph William Nittoso Therese Celeste Edwards	_	Ca	se number ( <i>if kı</i>	nown)	17-3	5590			
	Con	ny line 4 here	4.	F \$	For Debtor 1	0.00		Debtor 2 -filing spe			
	·			·			· —				
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$		0.00	\$	2,0	92.70		
	5b.	Mandatory contributions for retirement plans	5b.	\$		0.00	\$_		0.00		
	5c.	Voluntary contributions for retirement plans	5c.	\$		0.00	\$		0.00		
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ \$		0.00	\$_ \$		0.00		
	5f.	Domestic support obligations	5e. 5f.	φ \$		0.00	\$ 		0.00		
	5g.	Union dues	5g.	\$		0.00	\$		0.00	-	
	5h.	Other deductions. Specify:	5h.+			0.00	+ \$_		0.00	-	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$	2,0	92.70		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$		0.00	\$	6,8	33.97		
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,911	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ +		0.00 0.00 0.00 0.00 0.00 0.00 0.00		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,911	1.00	\$		0.00	)	
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$		1,911.00	+ \$	6.8	333.97 =	\$	8,744	.97
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			1,011100				Ľ	<u> </u>	
11.	Incluothe Othe	the all other regular contributions to the expenses that you list in Schedul add contributions from an unmarried partner, members of your household, you are friends or relatives.  Into tinclude any amounts already included in lines 2-10 or amounts that are no cify:	ur depen					Schedule J		0	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certilies						12.	\$		
13.	Do y	you expect an increase or decrease within the year after you file this form	m?					n	nonthly	y incor	ne
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

EHII	in this inform	ation to identify y	our cocc:			I		
		lation to identity yo	Dui Case.					
Deb	tor 1	Joseph Willi	iam Nitto	so		Che	ck if this is:	
Deh	otor 2	Therese Cel	ooto Edw	ardo			An amended filing	wing postpetition chapter
	ouse, if filing)	Therese Cer	este Eaw	arus			13 expenses as of	
Unit	ed States Ban	kruptcy Court for the	e: NEW JI	ERSEY			MM / DD / YYYY	
Cas	e number 1	17-35590						
	nown)	17-35590						
Ĺ								
Of	fficial F	orm 106J						
Sc	chedule	e J: Your	Exper	ises				12/15
Be info	as complete ormation. If I	and accurate as	s possible. eded, atta	. If two married people ar ich another sheet to this				or supplying correct
Par	t 1: Desc	cribe Your House	ehold					
1.	□ No. Go							
	_	es Debtor 2 live	in a conar	ata housahold?				
			iii a sepai	ate nousenoiu:				
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you ha	ve dependents?	■ No					
	Do not list I Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not stat	e the						□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No
								☐ Yes ☐ No
								□ Yes
3.	Do your ex	cpenses include		No			_	□ 163
	•	of people other t	than 🖂	Yes				
Par	4 O. Fotis	mata Vaur Ongai	ina Manthi	ly Evnence				
Est	imate your e	a date after the	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed	orm as a su J, check th	ipplement in a Cha ne box at the top o	apter 13 case to report f the form and fill in the
the		ch assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
(		,						
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgag	e 4. \$	S	2,200.00
	If not inclu	ided in line 4:						
	4a. Real	estate taxes				4a. \$	3	0.00
		erty, homeowner'	s, or renter	's insurance		4b. \$		0.00
		e maintenance, re				4c. §		200.00
_		eowner's associa				4d. §		0.00
5.	Additional	mortgage paym	ents for yo	<b>our residence,</b> such as ho	me equity loans	5. \$	3	0.00

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	Ottilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:	6a. 6b.	\$	
). 1. 2.	<ul><li>Water, sewer, garbage collection</li><li>Telephone, cell phone, Internet, satellite, and cable services</li><li>Other. Specify:</li></ul>		\$	
O. 1. 2.	6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:	6b.		450.00
). 1. 2.	6d. Other. Specify:		\$	85.00
).  .  2.		6c.	\$	300.00
). I. 2.		6d.	\$	0.00
). ?.	Food and housekeeping supplies	7.	\$	600.00
. !	Childcare and children's education costs	8.	\$	0.00
!.	Clothing, laundry, and dry cleaning	9.	\$	200.00
2.	Personal care products and services	10.	\$	200.00
	Medical and dental expenses	11.	\$	200.00
	Fransportation. Include gas, maintenance, bus or train fare.			075.00
3.	Do not include car payments.	12.	· -	875.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	Charitable contributions and religious donations	14.	\$	15.00
	nsurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.	,-	•	
	15a. Life insurance	15a.	·	0.00
	15b. Health insurance	15b.		0.00
	15c. Vehicle insurance	15c.	\$	360.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	<b>Faxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
	nstallment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	•	315.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: Student Loans	17c.	\$	400.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as		•	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	
	Other payments you make to support others who do not live with you.		\$	600.00
	Specify: Support for Disabled Sister	19.		
	Other real property expenses not included in lines 4 or 5 of this form or on Sched			
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	·	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
١. ١	Other: Specify: Personal Grooming and Miscellaneous Expenses	21.	+\$	150.00
	Pet food/expenese		+\$	150.00
_				
	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	7,300.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	7,300.00
	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		8,744.97
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	7,300.00
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	1,444.97

■ No.

☐ Yes.

Explain here: Debtor drives into New York City for work. She pay for tolls, parking, gas, maint. and additional transportation costs.

Fill in this info	rmation to identify your	case:				
Debtor 1	Joseph William Nittoso					
	First Name	Middle Name	Last Name			
Debtor 2	Therese Celeste I	Edwards				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States E	Sankruptcy Court for the:	NEW JERSEY				
Case number	17-35590					
(if known)		<u> </u>				

■ Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is it	NOT an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have rethat they are true and correct.  X /s/ Joseph William Nittoso	ead the summary and schedules filed with this declaration and  X /s/ Therese Celeste Edwards
Joseph William Nittoso	Therese Celeste Edwards
Signature of Debtor 1	Signature of Debtor 2